



Black Infant Health Program Coordinator Quarterly Report

Purpose: The Black Infant Health (BIH) Program requires submission of the “Coordinator Quarterly Report” as part of the Scope of Work (SOW). The report includes information that will help the BIH Program Consultants provide Local Health Jurisdiction (LHJ) sites with appropriate technical assistance. It also provides a mechanism for sharing successful strategies/best practices with other LHJ sites. **Instructions:** Complete this form and submit electronically to the BIH Program via the BIH Inbox (BIHsupport@cdph.ca.gov) by the following due dates:

Reporting Period	From	To	Due Date
1) First Report (WAIVED)	July 1, 2014	September 30, 2014	October 31, 2014
2) Second Report	October 1, 2014	December 31, 2014	January 31, 2015
3) Third Report	January 1, 2015	March 31, 2015	April 30, 2015
4) Fourth Report	April 1, 2015	June 30, 2015	July 31, 2015

Agency Name:

Reporting Period:

Model Fidelity Activities: Please review your BIH SOW and Fidelity Toolkit referring to model fidelity when writing this narrative report.

- I. **Program Model Fidelity Indicators** (Describe the status or progress of program-related components such as participant enrollment requirements, group intervention, participant program completion, staff recruitment and development, or community outreach activities that are critical for model fidelity.)

Program Indicators	Challenges or Barriers	Strategies to Overcome Challenges/Barriers	Successes



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- II. **Implementation Status Update** (Describe the ability of the LHJ to implement the BIH program following model requirements.)

List three current successful strategies with implementing the group intervention model related to participant recruitment or retention during or between group sessions.

1.

2.

3.

- III. **Major Program Changes and Developments** (Describe any program-related issues that positively or negatively affected participant enrollment, group scheduling, documentation, or data input.)

List three program changes that occurred this reporting period. (For example: "We were able to hire additional staff", "We have a data entry vacancy".) If there are no program changes to report, please indicate "No program changes to report."

1.

2.

3.

- IV. **Technical Assistance Needs** (Describe areas where improved knowledge and skills for staff are needed. Indicate trainings that would meet these needs and relate to the Scope of Work and model fidelity. Technical assistance may be provided face-to-face, via phone or via webinar.)

Please describe three areas in which you would like help meeting your staff's professional development needs, listing your top priority area first.

1.

2.



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3.

V. Participant/Family Success Story

Please provide a specific example for each of the following:

- How involvement with BIH has positively affected the lives of African American participants and their families.
- Parent-infant bonding activities, such as breastfeeding practices.
- Safe sleep practices/Sudden Infant Death Syndrome (SIDS)/Sudden Unexplained Infant Death (SUID) risk reduction.

Preserve confidentiality by not identifying participants by name. (Limit response to one page.)